

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	SA	68966	5-31-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
1		1		101	
2		2		102	
3		3		103	
4		4		104	
5		5		105	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet her

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